



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Patent Application of

Charlotth SVENSSON et al.

Application No.: 09/995,585

Filed: November 29, 2001

For: **IMPROVED FASTENING SYSTEM
FOR AN ABSORBENT PRODUCT**

Group Art Unit: 3761

Examiner: Catharine L. Anderson

Confirmation No.: 1526

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL LETTER

MAIL STOP RCE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No. **2 1 8 3 9**

Sir:

Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the [] \$385.00 (2801) [X] \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).

1. ☐ A. Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified in item 2 below.
- ☐ B. Applicant(s) previously submitted the following documents for which continued examination is requested:
- ☐ Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on _____
- ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- ☐ Other: _____
2. The following documents are enclosed with this submission:
- ☒ Amendment/Reply.
- ☐ Affidavit(s)/Declaration(s).
- ☐ Information Disclosure Statement (IDS).
- ☒ Petition for Extension of Time.
- ☐ Other: _____
3. ☐ Small entity status is hereby claimed.
- ☒ No additional claim fee is required.
- ☐ The fee is calculated below on the basis of the highest number of claims already paid for in this application prior to this submission:
- RECEIVED**

02/24/2004 CNGUYEN 00000078 09995585

01 FC:1801

770.00 OP

RECEIVED

FEB 26 2004

(10/03)

TECHNOLOGY CENTER R3700

Request for Continued Examination Transmittal Letter

Application No. 09/995,585Attorney's Docket No. 000500-276

Page 2

C L A I M S					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS THUS PAID FOR	EXTRA CLAIMS	RATE	FEE
Basic Fee					\$770.00 (1001)
Total Claims	10	MINUS 20 =	20	× \$18.00 (1202) =	
Independent Claims	1	MINUS 3 =	0	× \$86.00 (1201) =	
If multiple dependent claims are presented, add \$290.00 (1203)					
Total Fee					\$770.00
If small entity status is claimed, subtract 50% of Total Fee					
TOTAL FEE DUE					\$770.00

4. ☒ A check in the amount of \$ 770.00 is enclosed for the fee due.
5. ☐ Charge \$ _____ to Deposit Account No. 02-4800 for the fee due.
6. ☐ Applicant(s) requests suspension of action by the Office until at least __, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

Date: February 23, 2004By: William C. RowlandWilliam C. Rowland
Registration No. 30,888P.O. Box 1404
Alexandria, Virginia 22313-1404
(703) 836-6620